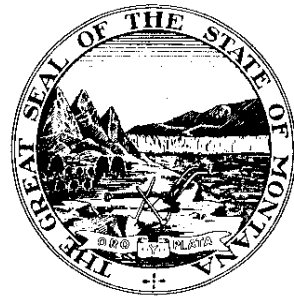


COMMISSIONER OF POLITICAL PRACTICES
1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643
WEBSITE: www.politicalpractices.mt.gov



INSTRUCTIONS (Revised 06/03) **FORM C-2** **STATEMENT OF ORGANIZATION**

WHO IS REQUIRED TO FILE A FORM C-2?

All political committees supporting or opposing candidates or ballot issues must file a Form C-2.

WHAT INFORMATION IS TO BE REPORTED?

Pursuant to Montana Code Annotated §§§ 13-37-201, 13-37-202, and 13-37-205 and Administrative Rules of Montana 44.10.405, the following information is required to be reported:

- full name and complete address of the political committee;
- indication of whether or not committee is incorporated;
- full name and complete address of the treasurer and deputy treasurer(s), if any;
- full names, complete addresses, and titles of any additional officers;
- full name and complete address of the location of the political committee depository;
- full name(s) and complete address(es) of the location(s) of secondary depository(ies), if any; and
- purpose of committee and/or name(s) of candidate(s) or ballot issue(s) supported or opposed and date(s) of election(s).

WHEN MUST A FORM C-2 BE FILED?

A Form C-2 must be filed within five (5) days after appointing a campaign treasurer or making an expenditure to support or oppose a candidate or ballot issue, whichever occurs first.

WHERE MUST A FORM C-2 BE FILED?

- One copy is to be filed with the Commissioner of Political Practices at the address above. The report may be faxed provided the original report is submitted to the Commissioner immediately thereafter. The Commissioner's fax number and mailing address are provided above.
- One copy is to be filed with the Election Administrator in the county where the committee has its headquarters.
- One copy is to be retained for the committee's records.

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FOR OFFICE USE ONLY

Date Received and Postmark Date

FORM C-2 (Revised 06/03)

STATEMENT OF ORGANIZATION

TO BE FILED BY (Check One):

- ☐ POLITICAL ACTION COMMITTEE
☐ POLITICAL PARTY COMMITTEE
☐ BALLOT ISSUE COMMITTEE
☐ INCIDENTAL COMMITTEE
☐ OTHER

ORIGINAL FILING

☐

AMENDED FILING

☐

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT FOR CERTIFICATION SIGNATURE

FULL NAME OF COMMITTEE (Refer to Montana Code Annotated § 13-37-210, Naming and Labeling Statute)

COMPLETE MAILING ADDRESS

(Including City, State, Zip Code)

COMPLETE STREET ADDRESS

(Including City, State, Zip Code)

Incorporated: (Check one)

☐

YES

☐

NO

FULL NAME OF COMMITTEE TREASURER

COMPLETE MAILING ADDRESS

(Including City, State, Zip Code)

COMPLETE STREET ADDRESS

(Including City, State, Zip Code)

E-Mail Address (Please Print)

Home Telephone Number

Work Telephone Number

Facsimile Number

FULL NAME OF DEPUTY TREASURER(S), if any *

COMPLETE MAILING ADDRESS

(Including City, State, Zip Code)

COMPLETE STREET ADDRESS

(Including City, State, Zip Code)

E-Mail Address (Please Print)

Home Telephone Number

Work Telephone Number

Facsimile Number

* attach list if necessary

COMMITTEE ACCOUNT INFORMATION

FULL NAME OF BANK

COMPLETE ADDRESS

(Including City, State, Zip Code)

SECONDARY COMMITTEE ACCOUNT(S) INFORMATION, if any (attach list if necessary)

FULL NAME OF BANK

COMPLETE ADDRESS

(Including City, State, Zip Code)

PLEASE COMPLETE REVERSE SIDE, SIGN, AND DATE

ADDITIONAL OFFICERS (attach list if necessary)

OFFICERS FULL NAME _____ TITLE _____

COMPLETE MAILING ADDRESS _____
(Including City, State, Zip Code)COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)

E-Mail Address (Please Print) _____ Home Telephone Number _____ Work Telephone Number _____ Facsimile Number _____

OFFICERS FULL NAME _____ TITLE _____

COMPLETE MAILING ADDRESS _____
(Including City, State, Zip Code)COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)

E-Mail Address (Please Print) _____ Home Telephone Number _____ Work Telephone Number _____ Facsimile Number _____

PURPOSE OF COMMITTEE and/or**SUPPORT****OPPOSE****DATE OF ELECTION****NAME(S) OF CANDIDATE(S) or BALLOT ISSUE (S)****SUPPORT****OPPOSE****DATE OF ELECTION****CERTIFICATION***I hereby verify that the foregoing statements are true and correct.*_____
Officer's Signature_____
Title_____
Date

☐ **For County, Municipal, or School committees only:** Please check this box if contributions/expenditures will not exceed \$500.
(If \$500 is exceeded, filing of campaign finance reports will be required.)

THIS FORM MAY BE REPRODUCED